C+D
Chemist + Druggist
news education
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12 January 2008

CRYSTAL CLEAR?
Predicting this year's big drug launches

National screening role revealed

Newsnight puts the profession in the spotlight

- Businesses braced for January blues
- The responsible pharmacist: what it means for you

THE POWER T

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK. (See Champix Summary of Product characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with *"Pfizer"* on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with *"Pfizer"* on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8 – End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment:* No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events:* Dosing may be reduced to 1 mg once daily. *Severe renal impairment:* 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease:* Treatment is not recommended. **Patients with hepatic impairm and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommen in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substa or to any of the excipients. **Warnings and precautions:** *Effect of smoking cessation;* Stopp smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, which dosage adjustment may be necessary (examples include theophylline, warfarin and insu Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smok cessation, with or without pharmacotherapy, has been associated with the exacerbation underlying psychiatric illness (e.g. depression). There is no clinical experience with Champi patients with epilepsy. At the end of treatment, discontinuation of Champix was associated v an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patie therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be u during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Cham should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driv and operating machinery.** Champix may have minor or moderate influence on the ability to d and use machines. Champix may cause dizziness and somnolence and therefore may influence ability to drive and use machines. Patients are advised not to drive, operate complex machin or engage in other potentially hazardous activities until it is known whether this medicinal prod

Pfizer Date of preparation: November 2007 CHA354b

HELP THEM QUIT.[1-3]

- **First-in-class oral prescription therapy with a unique dual action:**[1,2,4]
  - **Partial agonist** action: Reduces craving and withdrawal symptoms†
  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- **Significantly higher quit rate vs. bupropion or placebo at 12 weeks**[1,2,5]
- **Favourable safety and tolerability profile in approximately 4,000 treated smokers**[6]

† Based on the Minnesota Nicotine Withdrawal Scale (MNWS), Brief Questionnaire of Smoking Urges (QSU-brief) and Tolerability Questionnaire (TmCEQ)

ffects their ability to perform these activities. **Side-Effects:** Adverse reactions during clinical ials were usually mild to moderate. Most commonly reported side-effects were abnormal dreams, somnia, headache and nausea. Commonly reported side-effects were increased appetite, omnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach scomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for less commonly reported de-effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has een shown to be dialyzed in patients with end stage renal disease, however, there is no experience dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg nd 14 x 1mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1mg tablets Card (EU/1/06/360/004) 27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1mg tablets DPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1mg tablets Card (EU/1/06/360/005) £54.60. ot all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** fizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer mited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 10/2007

dverse events should be reported to Pfizer Medical Information on 01304 616161. Information bout adverse event reporting can also be found at www.yellowcard.gov.uk

For further information, please contact Pfizer Medical Information on 01304 616161 or email medinfo.uk@pfizer.com

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. **2.** Jorenby DE *et al.* JAMA 2006; 296:56-63. **3.** Tonstad S *et al.* JAMA 2006; 296:64-71. **4.** Coe JW *et al.* J Med Chem 2005; 48:3474-3477. **5.** Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. **6.** CHAMPIX Summary of Product Characteristics.

CHAMPIX
varenicline tartrate

As a healthcare professional you want to steer parents in the right direction when you recommend an ibuprofen for their children. Calprofen not only works in 15 minutes to reduce fever and lasts for up to 8 hours, it also provides a little added extra – the reassurance that parents are looking for. Give them Calprofen, ibuprofen from the makers of Calpol. Now that's a relief.

Contains ibuprofen

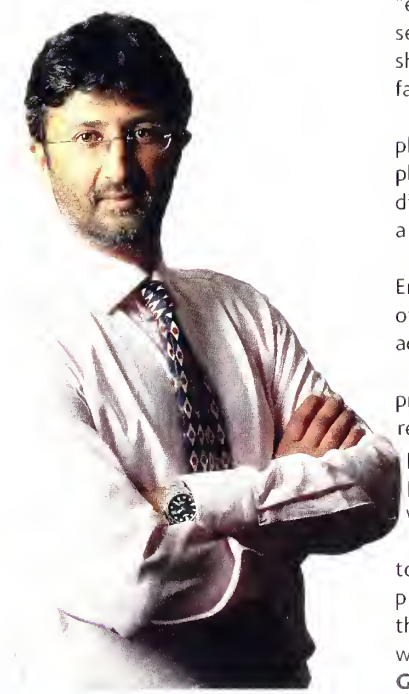
Ibuprofen for kids. Peace of mind for parents.

Calprofen Product Information: Presentation: Suspension containing 100mg Ibuprofen per 5ml **Uses:** Treatment of mild to moderate pain and as an antipyretic and post-immunisation pyrexia **Dosage:** *Infants 3-6 months:* One 2.5 ml dose may be taken 3 times in 24 hours, *Infants 6-12 months:* 2.5ml three times a day, *Children 1-2 years:* 2.5ml three to four times a day, *Children 3-7 years:* 5ml three to four times a day; *Children 8-12 years:* 10ml three to four times a day *Post-immunisation fever:* 2.5ml (50mg) followed by another 2.5ml (50mg) dose six hours later if necessary. No more than 2 doses in 24 hours. Not recommended for children weighing less than 5kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom Ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium, methotrexate, cyclosporine, mifepristone, other analgesics, corticosteroids, anticoagulants, quinolone antibiotics and zidovudine. **Pregnancy and lactation:** Not recommended. **Side effects:** GI disturbances, occasionally gastric ulceration and bleeding, hypersensitivity reactions and oedema. Other reactions that haven't necessarily been related to ibuprofen include renal and liver problems, neurological and sensory disturbance, haematological disorders and photosensitivity. **RRP (ex-VAT):** 200ml bottle £4.84, 100ml: £2.97. **Legal category:** 200ml: P; 100ml: GSL. **PL holder:** 200ml: Pinewood Laboratories Limited, Ballymocarby, Clonmel, Co. Tipperary, Ireland. **PL number:** 04917/0044, **PL holder:** 100ml: Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0147 **Date of preparation:** September 2006.

Chemist + Druggist

news education tools

Comment from the Editor



I'm not sure what your New Year's wish was but I bet it didn't involve Jeremy Paxman, a couple of heavyweight political figures, and the Prime Minister's healthcare vision.

Surreal as it may sound, it's just what we got as Labour health minister Ben Bradshaw and Conservative health spokesman Andrew Lansley rolled up their collective trouser legs and waded straight into Gordon Brown's healthcare vision during this Monday's Newsnight.

So Mr Brown had kicked off the 60th anniversary year for the NHS with his "programme of deeper and wider" NHS reforms to "enhance its role in care, prevention and personalised health services" (p6). Mr Brown was spot on in saying there needs to be a shift in priorities towards managing long-term conditions, but he failed to clarify who would do this and how it would be funded.

And so to Newsnight. Under questioning, Mr Bradshaw said pharmacists would have an "important role" as part of the PM's plan for more screening for heart disease, strokes and kidney disease as well as the better management of asthma and diabetes – a view that bodes well for the forthcoming pharmacy white paper.

But Mr Lansley's response was swift. Ministers had said that England's new pharmacy contract would lead to exactly these kinds of checks, he said, and less than 1 per cent of pharmacies had actually been commissioned to provide such services.

And if pharmacists are to play a role in a national screening programme, how will they feed back results into the patient's record? And will pharmacies be required to have patient lists to prevent the worried well simply going from pharmacy to pharmacy for screening? And as the GPs have already asked, how will this be funded?

While the vision of all healthcare professionals working together to tackle health issues is a wonderful utopia, the reality is, as most pharmacists will confirm, somewhat different. We can only hope the white paper will provide the answers we seek, and maybe it won't just be the NHS that has something to celebrate this year.

Gary Paragpuri, Editor

Contents

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National screening role revealed

Profession's place in Gordon Brown's blueprint sparks Newsnight debate

Jennifer Richardson

Pharmacists look set to offer screening for diseases such as heart disease and diabetes under a national programme outlined by the Prime Minister.

Gordon Brown has announced government plans to set up a national screening initiative for heart disease, stroke, diabetes and kidney disease, including an extension of diagnostic procedures available in GP surgeries.

"Over time everyone in Britain will have access to the right preventative health check up," he said.

Some initially expressed disappointment that the PM failed to mention pharmacy in his announcement. Numark interim managing director John D'Arcy said: "At a time when GPs are overburdened it seems strange to ignore the potential of pharmacies."

And, in an interview with BBC programme Newsnight, shadow health secretary Andrew Lansley asked why blood pressure and cholesterol measurements were not already being carried out in more community pharmacies under the pharmacy contract.

But health minister Ben Bradshaw insisted the profession was included in the plans. "Pharmacists have an important role," he said. Mr Bradshaw disputed Mr Lansley's accusation that the PM had not mentioned pharmacy in his announcement.

C+D found no mention of pharmacy in the transcript of Mr Brown's speech. But NPA spokesperson Neal Patel said: "We're encouraged that Ben Bradshaw got it on record that pharmacy is part of the plan for delivery." The NPA would be pushing for further commitment from the government on this, he added.

A Department of Health spokesperson said more details on the delivery of the screening programme would be available in February.

What did you think of the Newsnight debate?
haveyoursay@cmpmedica.com

Clockwise from left: Jeremy Paxman, Andrew Lansley and Ben Bradshaw

The Newsnight debate

Health minister Ben Bradshaw squares up to Andrew Lansley, shadow secretary of state for health, over pharmacy's part in the screening programme.

BB: "[The national screening services] won't all be delivered by GPs. Pharmacists have an important role; nurses have an important role."

AL: "Ministers said that the pharmacy contract was going to lead to exactly these kinds of checks in the community – cholesterol checking or blood pressure checking. The latest figures suggest that 1 per cent of pharmacies across the country are being commissioned for doing this... [Gordon Brown] didn't mention pharmacy in his speech today, did he?

BB: "Yes, he did. You obviously weren't listening to the speech... And, by the way, the pharmacy contract did not say what you said it said. It gave PCTs more freedom to commission those sorts of services."

100 per cent scores for 11 Knockout finalists

When is a knockout final not a knockout? When your finalists are so clued up you are unable to eliminate them!

That's what happened in C+D's Pharmacy Knockout 2007. In all, 23 contestants reached the end of the year with a 100 per cent correct mark for the 34 Pharmacy Update clinical modules published during 2007. That shows considerable application in itself. But no fewer than 11 managed to maintain their 100 per cent record during the three elimination papers. We'll have to make it much more difficult next year!

In recognition of this achievement, Update sponsor Genus Pharmaceuticals has generously topped up the prize fund to £8,250, allowing each of our winners to take home £750 for their excellent efforts. And the winners are:

- **Jennifer Jones** (Plymouth)
- **Michelle Warner** (Ashington)
- **Chinjal Patel** (Leicester)
- **Rosemary McLaughlin** (Sheffield)
- **Margaret March** (Weston-Super-Mare)
- **Kevin Alexander** (Swansea Vale)
- **Jayne Daniels** (Clapham-via-Lancaster)
- **Rosemary Blackie** (Sheffield)
- **David Capstick** (Huddersfield)
- **Susan Sears** (Dorking)
- **Hazel Barton** (Glasgow).

GENUS PHARMACEUTICALS

Congratulations to all our Knockout finalists, who will be registered free of charge for Pharmacy Update 2008. Full details of the results can be found on the C+D website at www.chemistanddruggist.co.uk. Don't forget you can save £5 on your registration fee if you enrol before the end of January. See p22 for an application form. **PG**

AAH appoints 'interim' head

Mark James has assumed the management of AAH Pharmaceuticals from managing director Steve Dunn on an interim basis, the company has confirmed.

"The day-to-day management has passed to [commercial director] Mark James on an interim basis," an AAH spokesperson told C+D on Tuesday this week. Mr James took up the position this month, the spokesman added.

Steve Dunn, the company's group managing director, was currently "out of the office", confirmed the spokesman.

Pseudoephedrine law change

Fears POM switch on larger packs will lead to blanket reclassification

Zoe Smeaton

Tighter controls restricting the sale of drugs containing pseudoephedrine and ephedrine will become law from April 1, the MHRA has said. Packs containing more than 720mg pseudoephedrine or 180mg ephedrine will require a prescription, and larger packs will not be available.

The trade association for the large pharmacy multiples voiced fears this could leave businesses with redundant stock. Rob Darracott, CCA chief executive, said: "It is clear from this latest decision that they will give the supply chain little time to respond and manage down stock."

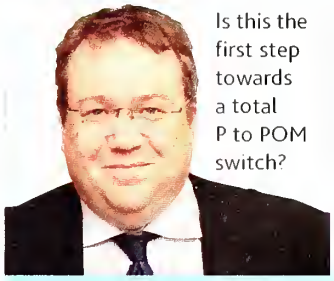
But after a busy cough and cold season some industry figures denied this would be a problem.

Sheila Kelly, PAGB executive director, said: "It would have been nice to have [the deadline] in June, but pharmacists are pretty good at managing stock and negotiating with their suppliers... I don't think it's going to be much of a problem."

The NPA said it would work to ensure pharmacists still holding larger packs did not lose out.

Others expressed concerns that the law change could be the first step towards a blanket P to POM switch for the drugs. The CCA said the reclassification was "a blow to pharmacy". The organisation called for greater uptake of OTC training programmes to prevent further restrictions. "The onus is on pharmacy owners to make sure they are beyond reproach," Mr Darracott said.

An MHRA spokesperson said a total P to POM switch was not a foregone conclusion.



Is this the first step towards a total P to POM switch?

NPA tight-lipped over chief executive

NPA chief executive Alison White

The NPA has refused to confirm the long-term future of its chief executive.

Sources close to the organisation have indicated to C+D that discussions have taken place between Alison White and the NPA over her role.

NPA chairman Dilip Joshi confirmed Ms White remained as chief executive when contacted by C+D last week. Seven other board members and NPA head of communications Neal Patel refused to comment. C+D was unable to contact Ms White directly.

Ms White was appointed chief executive in June last year, joining from Business Link, where she held an interim CEO post.

Watchdog backtracks

The government watchdog scrutinising purchase profits has sought to play down its investigations.

The National Audit Office had been asked by the Department of Health to consider if further savings could be made on pharmacy reimbursement, C+D revealed before Christmas (C+D, December 22/29, p6).

But this week an NAO spokesperson said: "We're actually not carrying out an inquiry." However, she confirmed: "We have been asked by the Department to look at a couple of issues on purchase profits on generic drugs." **JR**

Internet logo launched

The Royal Pharmaceutical Society has launched a logo to help the public identify bona fide internet pharmacies.

The logo, a voluntary scheme, features the pharmacy's RPSGB membership number, and it will link through to the RPSGB registration pages.

David Pruce, RPSGB director of practice, said: "What we are saying to the public is the logo is part of a series of checks that you need to make."

The Society plans to publicise the logo through national newspaper and radio, Mr Pruce added.

Charlie Abrahams, CEO at Mark Monitor, an internet fraud prevention company, said the logo was a "great idea" and would put off some fraudsters. But he added: "The reality is that a hardened criminal could fake all of that if they wanted to."

Con Mallon, EMEA consumer product marketing director at Symantec, asked how the Society could enforce the use of the logo, as this is a voluntary scheme.

For further information or to apply for the logo go to: www.internetpharmacylogo.org **ZS**

News in brief

C+D AWARDS

Platinum Design Awards

Have you submitted your entry for the Platinum Design Awards yet? To be in with a chance for the £3,000 prize your entry needs to reach us by February 2.

The Platinum Design Awards, sponsored by Ceuta Healthcare, seek to recognise excellence in pharmacy shopfitting and design. If you have had your premises refitted recently, tell us about it.

For more information, see your Ceuta representative, or go to www.chemistanddruggist.co.uk/awards

Salary survey box

Are pharmacists paid enough? Are locum rates falling? Are technicians' salaries going through the roof? Help us find the answer to these questions and more by filling in the first C+D salary survey. Follow the link from the homepage at www.chemistanddruggist.co.uk

Cut use of antibiotics

The health secretary has called for a cut in the amount of antibiotics prescribed for minor ailments. Alan Johnson said widespread use was leading to the rise of superbugs such as MRSA. The government will hire hospital pharmacists to regulate prescribing, he added.

Local healthcare bill

The Scottish Government has launched a consultation on a proposed local healthcare bill, intended to increase public involvement in the design of local health services. www.scotland.gov.uk/publications

Tesco health check

Tesco Pharmacy has launched a four-in-one health check, offering customers weight management, blood pressure measurement, cholesterol check and diabetes screening.

Contractors lend a hand

Pharmacists have told how they set up an emergency mobile pharmacy on the altar steps of a local church, to ensure evacuated patients from the Royal Marsden Hospital received medications. This followed a fire at the cancer hospital in west London last week.

NPA's full advice on preparing for the impact of cat M at: www.chemistanddruggist.co.uk/opinion

Dispensary TALK

Do you think 2008 will be a good year for pharmacy?

"Hopefully it will. Public perception over here is starting to improve and people are seeing us more as healthcare professionals. And other healthcare providers have a growing awareness of us and the services we can offer."
Alan Erwin, Alliance Pharmacy, Sandy Row, Belfast

"Yes and no. Yes, because I think there's a lot of scope to put pharmacy on the map so that people are more aware of what we can offer them. And no, because I don't think the government is giving us enough support to help us to do that."
Jennifer Reid, Fairoak Pharmacy, London

WEB VERDICT:

Yes 34%
No 66%

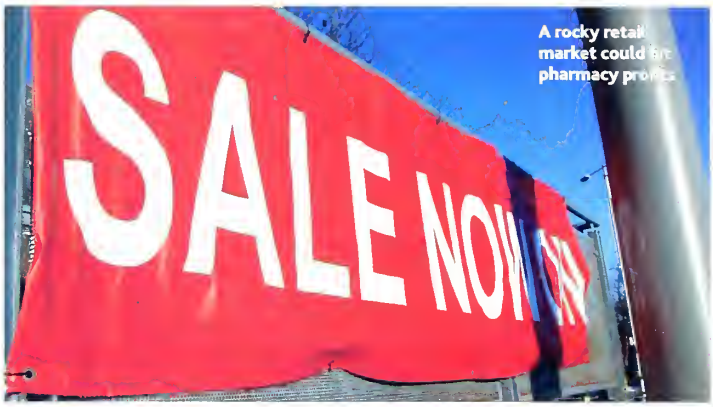
Armonair view: Looks like visitors to the C&D website don't have high hopes for the coming year. Will we be pleasantly surprised or will pharmacy shop, indeed, remain half empty? Come back in 365 days for an answer.

This week: What therapeutic area would you like to see a POM to P switch for in 2008? Vote at: www.chemistanddruggist.co.uk

Profit squeeze warning

Contractors must be alert to effect of category M, warns NPA

Jennifer Richardson



A rocky retail market could hit pharmacy profits

Contractors face a difficult financial start to 2008, pharmacy business experts have warned.

The fallout from October's £400 million category M reduction as well as retail difficulties mean pharmacy owners must keep an eye on the bottom line, they said.

Silver Levene pharmacy accountant Umesh Modi said large pharmacies had seen a 10 per cent reduction in their December prescription payments as a result of category M, despite a seasonal surge in script numbers.

But the full impact of October's category M cut would not be seen until this month's statements, NPA pharmacy business manager Raj Nutan warned. It was "vital" for contractors to compare these with their January 2007 statements, he said, to assess the effect of the clawback on their businesses.

Contractors should be on guard against cashflow shortages following the fluctuations, Mr Nutan warned.

Profits could also be squeezed by a 3 per cent decline in OTC sales in December, according to Mr Modi. British Retail Consortium figures also showed health and beauty sales growth in December to be the weakest since March 2007.

Concerned contractors should compare last month's sales to those of December 2006 and focus on healthy living products such as nicotine replacement therapy and diet aids early this year, Mr Nutan said. "Capitalise on people who have got new year's resolutions."

However, Mr Modi said the poor retail climate would mainly affect the large multiples. "Independents whose businesses are mostly prescriptions will hold their own," he said.

Are you feeling the January blues?
jrichardson@cmpmedica.com

Fees 'inadequate'

Pharmacy bodies have hit out at proposed fees for supplying stoma and incontinence appliances.

The NPA and PSNC have both slammed fee proposals in their responses to the Department of Health's consultation paper.

Raj Nutan, head of business development at the NPA, said the consultation was not addressing "the fundamental issue of discount deduction". He also described a number of the proposed fees as "completely inadequate".

The PSNC described the fee levels proposed as "wholly unrealistic" and warned that the DH risked "concentrating the market for supply of stoma and incontinence products in a few large scale providers".

The consultation closed in December. The document is at http://tinyurl.com/2xsee9 **JC**

The star of The Pharmacist, the British film being made this year, has been found, as well as the pharmacy in which the plot will unfold. The pharmacy of Rashmikant Patel of Perfucare Pharmacy, Euston, has been chosen for the location. Mr Patel (pictured centre, with the film's producers) is pleased to be involved and said: "The general public don't know much about pharmacy so if they see this film then maybe they will learn, and that's good." Filming will begin in March and Liana Gould, who has recently starred on stage in The Lady of Burma', will play the lead role. The producers of the film thanked all those who had offered their pharmacies

Records access under fire

Health professionals are set to have their say on what patient information should be made available to pharmacists through the NHS Care Record.

The Department of Health said it was looking to issue a consultation when healthcare professionals and the public were more aware of the record service.

The news follows claims that pharmacy access to electronic patient records could allow the records to be misused.

Helen Wilkinson, an NHS manager, is leading an online campaign backed by some GPs urging patients to opt out of having their records made available on the national patient record database.

She said: "I'm very concerned about pharmacists getting access to the patient records... to have patient records readily available on the high street is not acceptable."

NPA spokesperson Neal Patel said: "The NPA firmly believes that allowing pharmacists access to patient data would not increase security risks."

See the patient record campaign at www.nhsconfidentiality.org **ZS**

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News in brief

Prescribing support

Over two-thirds of people in the UK think pharmacists should be able to write prescriptions, according to a University of London School of Pharmacy report. The survey also showed that 64 per cent of people across Europe think pharmacies should be developed as alternatives to doctors' clinics. Support was strongest in the UK and Poland.

Getting to know PBC

PSNC has published a resource to help contractors understand and engage with practice-based commissioning. Practice-Based Commissioning – a practical guide for community pharmacy contractors – is aligned to PBC guidance already published by PSNC for local pharmaceutical committees.

ABPI denies price cut

The Association of the British Pharmaceutical Industry and Department of Health have denied a Financial Times report that the NHS will pay 10 per cent less for prescription medicines by the end of the year.

Facilities guide published

The NPA has produced a guide to completing the Scottish Government's premises assessment. The analysis of a pharmacy's facilities and their suitability for delivering contract services must be completed by March 31 if contractors are to qualify for contract preparation payments.

Patient ETP leaflets

Community pharmacies in Scotland will receive patient information leaflets on the electronic transfer of prescriptions from this month. Further supplies will be available from Banner Business Supplies (bbslimited.co.uk) in February. ETP rollout to community pharmacies is due for completion by September.

CDs stolen

Several controlled drugs were stolen from a Lloydspharmacy in Oldham while the branch was closed on New Year's day. Police said the medicines, including morphine and temazepam, appeared to have been selected at random.

Barber in close shave over chemist sign

Antique sign breaches Medicines Act, RPSGB warns

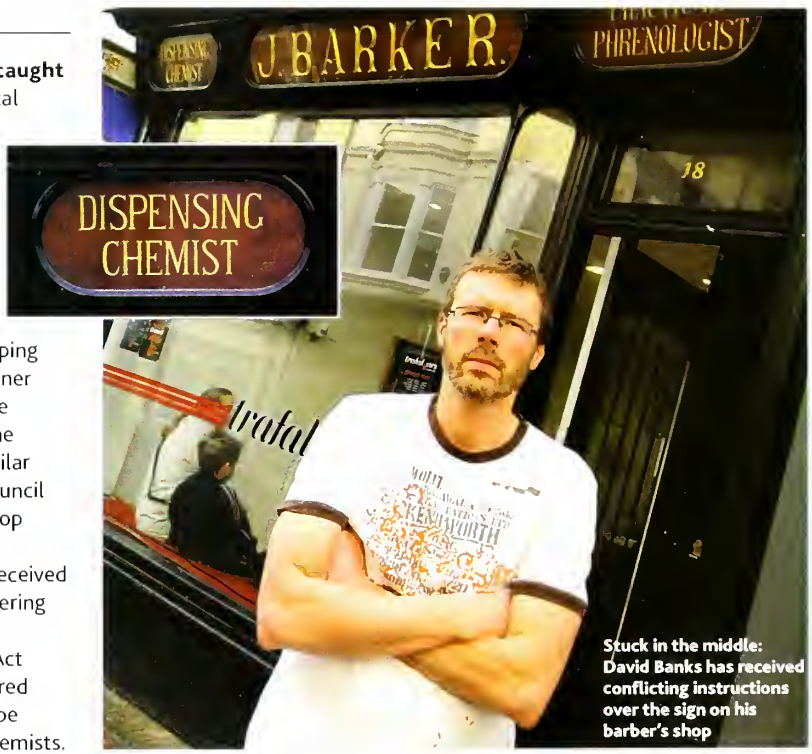
Jennifer Richardson

A barber's shop has been caught in a standoff between its local council and the Royal Pharmaceutical Society over an antique sign that describes it as a "dispensing chemist".

The 1930s sign was uncovered on the front of Trafalgar Barbers in Brighton's North Laine shopping area during renovations. Owner David Banks was told that he could not remove it unless he replaced it with one in a similar style. Brighton and Hove Council said this was because the shop is in a conservation area.

However, Mr Banks also received a letter from the RPSGB ordering him to remove the sign as it contravenes the Medicines Act 1968. Only premises registered with the Society may describe themselves as dispensing chemists.

Mr Banks described the current situation as "stalemate". He told C+D: "The council have now agreed it has to come down because it's illegal but they say we have to pay for a new sign in the same style, which just isn't financially viable."



Stuck in the middle: David Banks has received conflicting instructions over the sign on his barber's shop

A spokesperson for the RPSGB said: "The Society is currently liaising with both the council and the owner of Trafalgar Barbers in order to resolve the situation to the satisfaction of all parties."

Fake doctor was a 'determined fraudster'

A pharmacist who was in charge at a Paddington clinic that employed a doctor who used a false identity has been reprimanded.

Khalid Haq-Ali, of Acton, failed to adequately check out the "doctor's" identity and his GMC registration, the Royal Pharmaceutical Society's disciplinary committee ruled.

Having originally given a bogus identity, the so-called doctor later claimed to be Baghdad-qualified with expired supervised registration in this country, the panel heard.

Brian St Louis, representing Mr Haq-Ali, said: "My client was genuinely duped by a conman extraordinaire. He was arrested at his premises, kept in the cells for five hours and had this hanging over him for three years."

However, the panel took the view that Mr Haq-Ali had put patients at risk between September 2003 and July 2004.

He was, however, cleared of knowing the doctor was an imposter four months earlier and allowing him to continue at the Queens Medical Centre.

Panel chairman Judge Mota Singh QC said: "It was not a case of no checks but some checks not being adequate." The case had, he said, involved "a determined fraudster". **UKL**

Norovirus has mixed impact

The norovirus outbreak reportedly sweeping across the UK has had a mixed impact on pharmacists contacted by C+D.

In Birmingham, Glen Blackwood of Buckingham Chemists said he had not seen any patients with symptoms recently. But Noordin Ladha of Noor Pharmacy, also in Birmingham, said his pharmacy had seen high numbers of patients with sickness and diarrhoea. He added that the pharmacy had coped with demand and medicine stocks had lasted.

Many patients could turn to pharmacy after GPs advised those infected to stay away from surgeries. **ZS**

• See p24 for more on norovirus.

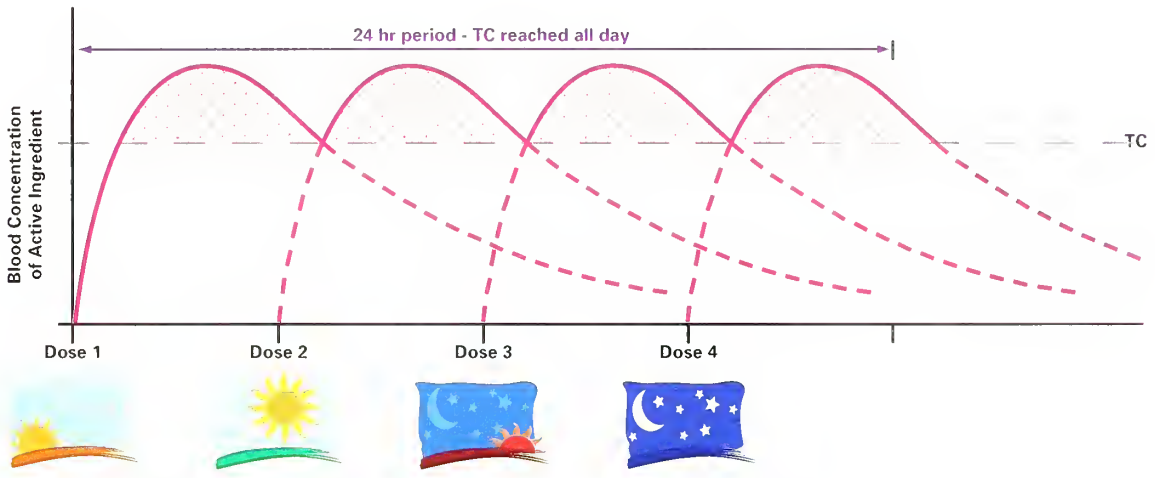
Has your pharmacy been affected by norovirus? Email zsmeaton@cmpmedica.com

Is it time for the next dose ?

Correct dosage is important but consumers rarely use cough medicine as instructed.[1]

There is a clinical reason for the frequency of dosage that is recommended for ***Robitussin***.

The graph below illustrates the importance of the recommended dosage. It shows how taking the dose four times throughout the day, at the recommended intervals, results in a level of active ingredient in the blood stream that is at or above the target concentration throughout the whole period. This means that the active ingredient will work all day long to help relieve the cough symptoms.



The best advice to give to customers when selling Robitussin is that they should follow the dosage instructions and take it regularly until the cough is gone.[2]

You will both benefit: customers will feel the effect throughout the day; and you will increase your sales and customer satisfaction.

Exclusive to Pharmacy

[1] IMS March 2006
[2] Of course, if the symptoms persist, patients should consult their doctor.
† Remember to sell one pack only per customer.

Feel confident to recommend Robitussin*

Product Information:

ROBITUSSIN* CHESTY COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5 ml contains Guaifenesin Ph Eur 100 mg. Indications: Expectorant for the treatment of coughs. Dosage: Adults, the elderly and children over 12 years: 10 ml four times daily. Children: 6-12 years: 5 ml four times daily. 2-6 years: 2.5 ml four times daily. Patients should be advised to consult a healthcare professional before using in children under 6 years of age. Robitussin Chesty Cough Medicine is not recommended in children under 2 years of age. Contraindications: Hypersensitivity to any of the ingredients. Interactions: None stated. Special warnings and precautions: None stated. Side effects: None stated. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Evidence of safety of guaifenesin products in pregnancy and lactation is at present incomplete. However, wide usage for many years has shown no apparent ill consequences. Pharmaceutical precautions: No special precautions. Shelf life: 3 years. Legal category: GSL. Package quantities and prices: RRP: Amber plastic bottles of 100 ml £3.59. Marketing authorisation no: PL 00165/0097. Marketing authorisation holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: July 2005.

ROBITUSSIN* CHESTY COUGH WITH CONGESTION MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5 ml contains Guaifenesin Ph Eur 100 mg, Pseudoephedrine Hydrochloride BP 30 mg. Indications: Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. Dosage: Adults, the elderly and children over 12 years: 10 ml up to 4 times daily. Children 6-12 years: 5 ml up to four times daily. 2-6 years: 2.5 ml up to four times daily. Patients should be advised to consult a healthcare professional before use. Robitussin Chesty Cough with Congestion Medicine is not recommended in children under 2 years of age. Contraindications: Hypersensitivity to any of the ingredients. Patients with ischaemic heart disease, thyrotoxicosis, glaucoma, diabetes, enlargement of the prostate or urinary retention. Patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Patients receiving tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Interactions: An increased risk of cardiac arrhythmias may occur if sympathomimetics (such as pseudoephedrine hydrochloride) are given to patients receiving cardiac glycosides. Sympathomimetics may also increase blood pressure and therefore special care is advisable in patients receiving antihypertensive therapy. Special warnings and precautions: Not to be taken by patients receiving either cardiac glycosides or antihypertensive agents, except on advice from a doctor. Side effects: May act as a cerebral stimulant in children and occasionally adults. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Should not be used during pregnancy unless directed by a physician. Pharmaceutical precautions: No special precautions. Shelf life: 3 years. Legal category: P. Package quantities and prices: RRP: Amber plastic bottles of 100 ml £3.59. Marketing authorisation no: PL 00165/0098. Marketing authorisation holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: July 2005.

ROBITUSSIN* DRY COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5 ml contains Dextromethorphan Hydrobromide Ph Eur 7.5 mg. Indications: For the relief of persistent dry irritant coughs. Dosage: Adults, the elderly and children over 12 years: 10 ml three or four times daily. Children: 6-12 years: 5 ml three or four times daily. Children under 6 years: Not recommended. Contraindications: Hypersensitivity to any of the ingredients. Interactions: Use with caution in patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Special warnings and precautions: Use with caution in patients with hepatic dysfunction. Side effects: Rarely causes dizziness and GI upset. Effects on ability to drive and use machines: No adverse effects on the patient's ability to drive and use machines. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Pharmaceutical precautions: No special precautions. Shelf life: 3 years. Legal category: P. Package quantities and prices: RRP: Amber plastic bottles of 100 ml £3.59. Marketing authorisation no: PL 00165/0100. Marketing authorisation holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: July 2005.

* Trade Mark

The responsible pharmacist – how will it affect you?

A large government document holds the potential for major changes to your working life. In the first of two features, Adrian Price demystifies the responsible pharmacist consultation

The Department of Health has published potentially one of the most important consultations in pharmacy's recent history: The Consultation on the Proposals for the Content of the Responsible Pharmacist Regulations. Given the length of the consultation document most pharmacists can be forgiven for paying it little attention but running underneath the proposals is a current of change to bring community pharmacy in line with the government's wider health agenda.

The consultation describes the replacement of the concept of "personal control" with a requirement for each pharmacy to have a responsible pharmacist, who will have a series of statutory duties to ensure the safe and effective running of the pharmacy. This could be referred to as business as usual; however the consultation also proposes that responsible pharmacists should be able to leave the pharmacy premises, subject to appropriate procedures being in place to manage their absence safely.

It is proposed that absence will be limited and the general rule of "one pharmacist, one pharmacy" will still apply, but equally, pharmacists will potentially have the opportunity to deliver a pharmaceutical service outside of the pharmacy premises and this has to be seen as a fantastic opportunity for pharmacy and pharmacists to demonstrate their true potential.

Ignoring the additional statutory requirements that the consultation will bring – such as additional standard operating procedures, the maintenance of a log of the responsible pharmacist on duty and the display of a notice to inform the public of the responsible pharmacist in charge – pharmacy owners should consider reviewing their workforce requirements in advance of the regulations being published.

Impact on skill mix

The current pharmacy contracts have already had a significant effect on the skill mix within pharmacies, with pharmacists finding themselves needing more time for services such as MURs and the numbers of accredited checking technicians increasing almost daily. The responsible pharmacist consultation should prompt pharmacists to look at their staff's skill mix again and those pharmacists wanting to be absent from the pharmacy should start to consider the level of support they will want to enable the staff to deliver a safe and efficient service in the pharmacist's absence.

> "Some will seize this opportunity with both hands, but one size will not fit all"

In some ways the consultation is at odds with the increased regulatory activity that has been imposed recently following changes to the controlled drugs legislation and the Pharmacy and Pharmacy Technician's Order 2006, to name but two. The consultation proposes pharmacists release some of their control in a period when pharmacists are increasingly aware of their professional accountability.

However, subject to sufficient support from pharmacy owners and a carefully managed transition period being in place for pharmacy colleagues, experience suggests some pharmacists will seize this opportunity with both hands, but, as ever, one size will not fit all. Some pharmacists will not be able or will choose never to leave the pharmacy. Factors such as accessibility, the provision of essential, advanced or enhanced services, a high OTC turnover or personal competence are deemed more important by some than activities outside of the branch. As a result, in practice there could be two types of responsible pharmacist, those who choose to leave the pharmacy and those who choose not to.

Effect on locums

The consultation will almost certainly have a knock-on effect on the locum workforce. Faced with an additional regulatory burden, pharmacy owners will potentially look to using preferred locums who are familiar with the standard operating procedures and support framework within that business rather than be faced with inducting numerous "new" locums across a business at the start of each working day.

It is also difficult to envisage, primarily due to the practicalities of training requirements, that pharmacy owners would allow locum pharmacists to provide services outside of the pharmacy. It will be up to the pharmacists concerned to decide if this affects their employability as some pharmacists will be happy to follow the traditional dispensary-based model. Increasingly as opportunities for new cognitive services develop, dispensary operations will be carried out by pharmacy technicians overseen by pharmacists rather than pharmacists being an integral part of the dispensing process.

Although it is difficult to predict the future, the responsible pharmacist consultation gives pharmacists and pharmacy owners a tremendous opportunity to develop pharmacy services into the communities they serve. However, that change does not come without risk but, once services have developed, pharmacists with the skills and competencies to work in a variety of locations will be in demand.

Pharmacists and pharmacy organisations have until January 20, 2008 to let the government know their views. www.dh.gov.uk

Adrian Price is the professional practice manager at The Co-operative Pharmacy responsible for the development of pharmacy practice

Next week in part two Adrian will look at skill mix and remote supervision

What do you think of the responsible pharmacist proposal? Email **haveyoursay@cmpmedica.com**

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Proud to be boring

The great and the good agree that pharmacy could do more to promote itself (C+D, January 5, p8). That's a start, but where do we go from there?

Bill Scott provided some of the most incisive comments, as the only contributor who won't have to walk his talk. "The profession hasn't really caught the imagination of the public," he says. He's absolutely right, and that's because we are boring people doing a boring job. Our boredom is perpetuated by a complete lack of any sense of adventure and an aversion to taking risks.

The chap with the paper bag on his head was one of the most interesting looking pharmacists I've ever seen. Perhaps the fact that I couldn't see the bored expression on his face helped. Or maybe it was because he wasn't standing in a dispensary trying to look calm and knowledgeable while waiting to go home.

Pharmacy is about as exciting as a wet weekend at a motorway service station. Where we should have PR strategies we have SOPs. Rather than go for a night out on the town we go to a local Society branch meeting. The medical profession has Dr Findlay, Dr Kildare and Dr Doug Ross. We have, er, nobody.

Despite being everywhere, we are nowhere in the media. There is a pharmacy in every town in the UK, so why isn't there one in Albert Square, or on Coronation Street? Why is it that celebrities are snapped everywhere from the corner shop to the rehab clinic, but never in a pharmacy? Will there ever be a pharmacist on Big Brother?

Even Max Clifford couldn't make us exciting. Prescription collection services and blood pressure monitoring simply aren't sexy. But this is our job and we're stuck with it. Margaret and Jean can't understand why they can't have the radio on quietly while they're working, because it's on in every other shop on the high street. "It's just not very professional," I say prudishly. They got the same response when they asked why I wouldn't wear the flashing reindeer antlers at Christmas.

"You and your rules and regulations," is one of Ann's favourite expressions. She says this when I insist that we must remain open for the very last minute of every day even if we haven't had a customer for half an hour, when I insist that SOPs are followed to the letter, and when I insist that every dispensing label is 100 per cent straight and in its allocated space on the box. I'm the most boring pharmacist there is.

But people don't go to a pharmacy for excitement – there are plenty of other places to get your daily buzz. They want the reassurance that comes from a routinely boring experience and we're brilliant at providing exactly that.

Is Xrayser right? Comment at www.chemistanddruggist.co.uk/xrayser

Pharmacist in the House — Sandra Gidley

Waiting for the new contract 'chickens' to come home to roost

Not long after I was first elected as a councillor, one of the more cynical, long-standing councillors commented that "you can please none of the b*****s any of the time!". He was a curmudgeonly old soul but I rapidly learnt that there is no way that just one individual can keep everybody happy. That said, I always try and look at things from as many angles as possible and it is fair to say that most politicians want to upset as few people as possible.

Just recently I have become more and more aware of the tensions developing in the world of pharmacy that could lead to a range of winners and losers.

Take the Darzi review, for example. Everyone appears to expect more polyclinics to be part of the equation. In some ways this is good news for pharmacy as pharmacy services should be an integral part of any good clinic and there is a perfect opportunity for some joined up working. Little thought has been given to how this sort of set up will destabilise the existing pharmacy network and whether other pharmacists may be forced out of business, depriving people of local health services.

In the Health and Social Care Bill there is a proposal to devolve the global sum to primary care trusts. Here it is likely that large pharmacy chains will suffer disproportionately because, if previous experience is anything to go by, there will be differences in the way individual PCTs work. This will be a nightmare for a busy head office to deal with.

The NPA is also an interesting example now that all pharmacies are within the organisation. The corporate pharmacies win the numbers game but the board is heavily weighted with independent pharmacists. Is this sustainable in the future?

Later this year one of the new contract "chickens" comes home to roost and those pharmacies dispensing fewer than 2,000 items a month will be severely disadvantaged. When PSNC negotiated the contract it was well aware that there would be losers.

The argument about the responsible pharmacist continues too. It remains to be seen whether relaxation of the supervision rules is an opportunity for pharmacy to provide more services or an opportunity for government to erode pharmacy and get it on the cheap.

I have no idea who the winners and losers will be over the next few years but it is very unsettling for all to be living in such "interesting times".

Sandra Gidley, Lib Dem MP and shadow health spokesperson

Letters

Why must I pay more for an essential industry standard?

I write with reference to your article on subscription changes to C+D (December 8, p18).

As the article quite rightly points out, C+D recognises that no business welcomes a price increase. That is especially so when the fragility of community pharmacy funding is in the headlines and other pharmacy bodies are forcing through large increases, much to the chagrin of the profession.

What is more, the article states: "Computerised ordering that is the norm throughout the pharmacy sector relies heavily on the maintenance of accurate PIP codes to function effectively."

If by definition the market views this as an essential industry standard, then the increases proposed, which it is acknowledged help fund the upgrading of databases to make the product fit for purpose, could be seen as an abuse of dominant position as currently no alternative exists. Are businesses being held to ransom?

According to the NPA website, the NPA jointly owns the intellectual property of PIP code with CMP Medica and has done so since 1982. Further, it goes on to say: "As part of NPA membership all NPA members are given a licence to use PIP codes in their pharmacies."

This has historically been provided free of charge and, as far as I am aware, remains the NPA viewpoint. One wonders why, as an NPA member, I will now all of a sudden be required to pay substantial amounts.

Andy Murdock
Pharmacy director
Lloydspharmacy

Mr Murdock is quite correct that the intellectual property in the PIP Code is owned jointly by CMP and the NPA; unfortunately the costs of building, running and maintaining the database are not similarly shared.

Despite repeated requests the NPA has consistently declined to share in the very significant cost of upgrading the old database, even when it became essential to safeguard the very continuation of the code.

In the absence of support from the NPA, CMP has made, and continues to make, a very substantial investment itself. Under the 1982 agreement referred to, the publishing rights are granted solely to CMP while the NPA benefits from its rights to grant its members and others code user rights from which the NPA continues to derive an income. CMP now needs to recover its recent investment through the publishing rights which are solely CMP's.

Far from holding businesses to ransom, CMP has taken it upon itself to safeguard a valuable coding system for the industry and is seeking just over £1 per shop per week in return.

Phil Johnson
Group publishing director
Pharmacy division
CMP Medica

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A source of irritation

The signs, symptoms and non-prescription treatment of irritable bowel syndrome

Key points

- The cause of irritable bowel syndrome is unknown; theories include abnormal gut sensitivity, a malfunction in serotonin signalling, infection and a low fibre diet.
- Four antispasmodic preparations are licensed for non-prescription treatment – alverine citrate, hyoscine butylbromide, mebeverine hydrochloride and peppermint oil. Ispaghula husk is also licensed for IBS treatment.
- No treatment can be firmly recommended above another; the best treatment for an individual may be found by trial and error.
- OTC treatments should only be recommended for patients who have been diagnosed by a doctor as suffering from IBS.

Alan Nathan FRPharmS

Irritable bowel syndrome (IBS) is a group of bowel disorders of which the characteristic features are abdominal pain or discomfort associated with irregularities in defaecation, and for which no underlying pathology can be found.

Treatment

A number of preparations, believed to have a direct relaxant effect on intestinal smooth muscle, are available without prescription and licensed specifically for the treatment of IBS. Ispaghula husk is also used.

All treatments have a history of prescription use for IBS, although convincing clinical trial evidence of their efficacy is lacking and much of the reported effectiveness has been ascribed to placebo effect. No treatment can therefore be firmly recommended above any other and a

The College of Pharmacy Practice

This course (module 1427), in association with multiple choice questions being published in C+D February 2, provides one hour's continuing education

Reflect

Do you know the clinical differences between irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD)? What is the most effective non-prescription medicine for IBS?

Plan

IBS has similar symptoms to other bowel diseases that must be referred. This article will help you to decide when a patient should consult a GP. It also outlines the evidence base for the OTC medicines used to treat IBS and suggests further advice you could give to sufferers.

CPD This article can help in the following CPD competencies: **G1a, G1c, G1d, C1a, C1f, C2c, C3e**. See www.tinyurl.com/194zu

Alcohol can exacerbate irritable bowel syndrome

Photo Morguefile

C+D AWARDS 08

About the C+D Awards

The inaugural C+D Awards will celebrate the people, services and organisations who have been at the forefront of community pharmacy practice in the UK. With an expected audience of up to 500, including representatives from community pharmacy, wholesaling, the pharmaceutical industry and government, being a winner or a finalist will bring recognition in the industry.

Each of the 12 categories highlights the important role that UK pharmacists and their staff play in delivering pharmaceutical services that are respected worldwide.

Trophies will be presented to the winners in each category on Wednesday 18 June 2008 at London's Grosvenor House Hotel at a glittering awards ceremony, which promises to be the industry networking event of the year.

Complete your entry now and don't miss the chance to be a winner at the C+D Awards 2008. Good luck!

How to enter

- Choose which category/categories you wish to enter and complete the entry form. There is no limit to the number you can enter, but you must submit a form for each entry and it should be clearly marked with the category entered. Guidelines on the categories, hints and tips for your entry, plus further forms, can be downloaded at www.chemistanddruggist.co.uk/awards
- Entries, which must be typed and accompanied by the entry form opposite, should be no longer than 1,000 words. We strongly encourage you to include relevant supporting material with your entry such as testimonials, research, performance analysis, pictures etc (these can be printed or supplied as jpegs on a CD). Please note, supporting material does not count towards the 1,000 word limit.
- Send four copies of your entry form and supporting material to Katherine Mannix, Group Events Manager, C+D Awards 2008, Ludgate House, 245 Blackfriars Road, London, SE1 9UY. Alternatively you can email your entry with supporting materials to **entries@chemistanddruggist.co.uk** (3MB max limit) by **5pm on Friday 14 March 2008**. All entry forms and supporting material should be sent together.
- All entries will be treated in the strictest confidence and will only be used for the purpose of this judging process. We are unable to return entries and supporting material, so you may wish to send copies rather than the original documentation.
- The judges will independently mark each entry against specific award criteria. The judges' scores will then be collated to find the winner.
- The winners will be revealed and presented with their trophies at the awards ceremony on Wednesday 18 June 2008 at the Grosvenor House Hotel in London. The winners will also be featured in C+D following the awards evening.

The award categories

1. Community Pharmacist of the Year
2. Pre-registration Graduate of the Year
3. New Pharmacist of the Year
4. Pharmacy Manager of the Year
5. Technician of the Year
6. Pharmacy Assistant of the Year
7. MUR Champion of the Year
8. Clinical Service of the Year
9. Retail Service of the Year
10. Business Development of the Year
11. Green Award
12. Pharmacy Team of the Year

Full category details, plus hints and tips on making an entry, can be found at www.chemistanddruggist.co.uk/awards

The judges

Carwen Wynne Howells
(Wales' chief pharmacist)
Norman Morrow (N Ireland's chief pharmacist)
Keith Ridge (England's chief pharmacist)
Bill Scott (Scotland's chief pharmacist)
Andy Murdock (Lloydspharmacy)
Alan Nathan (pharmacy author and consultant)
Steve Churton (Alliance Boots)
Colette McCreedy (NPA)
Clive Jackson (National Prescribing Centre)
Beth Taylor
(Pharmacists with Special Interests)
Harry McQuillan
(Community Pharmacy Scotland)
John Nuttall (The Co-operative Group)
Mahesh Shah (Nucare)
Rachel Marchant (Alliance Pharmacy)
Nicola Griffiths (United Co-op)
Marilyn Jones (Weldricks)
John D'Arcy (Rowlands)
Steve Dunn (AAH Pharmaceuticals)
Terry Scicluna (UniChem)
Rob Darracott (Company Chemists Association)
Soraya Dhillon (University of Hertfordshire)

Entry form

Further forms can be downloaded at www.chemistanddruggist.co.uk/awards

Part 1 – your details

(please complete all fields and send this form or a copy with your entry submission)

Category entered

Your full name

Job title

Name of pharmacy

Address

Postcode

Telephone no

Mobile no

Email

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Part 2 – your entry

In no more than 1,000 words, state what you have done and why you did it, referring to the guidelines at www.chemistanddruggist.co.uk/awards for the particular category that you have entered. You must explain how you achieved your goal, and the outcomes. The judges will mark the entries against three criteria – innovation, maximising resources and skills, and sustainability – and you must say how you addressed these criteria in your submission. Your entry will also be judged against the criteria for the category entered, which can be found at www.chemistanddruggist.co.uk/awards. Supporting material (clearly marked and ordered) such as testimonials, photographs, service protocols, press clippings, marketing material etc should be included to enhance your chances of winning.

If you have any queries regarding this form or any aspect of the C+D Awards 2008 please contact Katherine Mannix on 0207 234 8729 or email kmannix@cmpi.biz

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Clinical features of irritable bowel syndrome (IBS)

Causes

Unknown, but some possibilities have been suggested:
- Abnormal bowel motility and hypersensitivity of gastrointestinal tissues. It has been established that serotonin plays an important role in modulating the secretory, motor, and sensory functions of the gut. It has been suggested that a malfunction in serotonin signalling, together with a breakdown of communication between the enteric nervous system and the central nervous system, may be underlying causes for the clinical symptoms of IBS.
- Other possible causes include: abnormal gastrointestinal immune function; low fibre diet; infection (eg following gastroenteritis); inflammation; antibiotics (leading to overgrowth of candida); bowel damage as a result of surgery; heredity.
- In some cases the condition may be psychosomatic.

Epidemiology

- IBS is estimated to affect between about 10 and 20 per cent of the UK population.
- It is slightly more common in women.
- Age at initial onset is between 30 and 50 years.
- Up to 70 per cent of sufferers do not seek medical advice.

Signs and symptoms

- IBS symptoms fall generally into one of three types:

1. Alternating constipation and diarrhoea, with small stools that look like rabbit pellets alternating with the passage of loose stools.
2. Abdominal discomfort, bloating and constipation and a feeling of incomplete emptying of the rectum (more common in females).
3. Abdominal discomfort, faecal urgency and diarrhoea.

- There may be pain in the left iliac fossa, unrelated to meals or other precipitating factors, which is usually relieved by defaecation or the passage of wind.
- There may be passage of mucus on defaecation.
- The medical criteria for diagnosis of IBS include that symptoms are experienced for at least 12 weeks (not necessarily consecutively) in the previous 12 months.

Differential diagnosis

Conditions with presenting features similar to IBS include:
- inflammatory bowel disease (eg Crohn's disease, ulcerative colitis, diverticulosis), malabsorption (eg coeliac disease), gastrointestinal infection (eg giardiasis), gastrointestinal carcinoma, gynaecological conditions (eg endometriosis), somatisation of psychological disturbance (eg anxiety, depression, laxative abuse).

When to refer

- Age of onset over 45 years; loss of appetite; family history of carcinoma of the colon or inflammatory bowel disease; fever, nausea/vomiting; worsening symptoms; rectal bleeding; diarrhoea unresponsive to treatment; weight loss.

Associated advice

- Some sufferers find that eliminating certain foods and additives from the diet, including caffeine, alcohol, dairy products, artificial sweeteners etc, improves the condition. Other possible food triggers include wheat, rye, barley and onions. Gas-producing foods such as beans, peas and cauliflower may exacerbate bloating.
- Stress reducing measures and relaxation techniques may help some sufferers.
- Exercise may help in some patients.
- Stopping smoking has improved symptoms in some sufferers.

Prognosis

IBS is a benign condition, with a reasonable prognosis:
- One study found that following treatment involving high-fibre diet and bulking agents, 85 per cent of patients were virtually symptom-free in the short term and 68 per cent were still virtually symptom-free five years later;
- In another study the recovery rate after six years was around 50 per cent.
- Another study reported that up to 40 per cent of patients treated were symptom-free after up to five years.

successful treatment for an individual patient may be found by trial and error. Before making any recommendation, it is advisable to confirm that the patient has been diagnosed by a doctor as suffering from IBS.

Alverine citrate

Alverine is a non-antimuscarinic selective antispasmodic acting directly on smooth muscle, used for the treatment of pain and smooth muscle spasm in IBS. There have been few reported side effects during the 30 years it has been available as a prescription medicine, and there are no known interactions.

Hyoscine butylbromide

Hyoscine butylbromide is an antimuscarinic antispasmodic that is poorly absorbed from the gut and is claimed to act directly on it. It is a hydrophilic quaternary ammonium compound, and any of the drug that is absorbed does not readily cross the blood–brain barrier. Nevertheless, antimuscarinic side effects have been reported occasionally and hyoscine butylbromide is contraindicated in patients with glaucoma. Caution is also advised in patients with prostate problems, the elderly and pregnant women.

Mebeverine hydrochloride

Mebeverine is a musculotropic antispasmodic that is claimed to act directly on the smooth muscle of the

intestine without affecting normal gut motility. Like alverine, it appears to have no antimuscarinic side effects or drug interactions.

Peppermint oil

Menthol, the principal constituent of peppermint oil, has been shown to have a relaxant action on smooth muscle similar to that of calcium-channel antagonists. The oil acts directly on the colon. Enteric-coated capsules containing 0.2ml peppermint oil are available. The capsules should not be chewed, as peppermint oil can cause irritation to the mouth and oesophagus, in addition the drug would be dispersed before it reaches the colon. Heartburn sufferers may, in any case, experience an exacerbation of symptoms even when the capsules are correctly taken.

Ispaghula husk

Ispaghula husk consists of the seed coats of various species of Plantago, a plantain. It is licensed for the treatment of IBS as well as for constipation and diarrhoea. It is a natural fibrous material that aids peristalsis and bowel evacuation in two ways: it passes through the gastrointestinal tract undigested and adds directly to the volume of the intestinal contents; it also contains mucilloid constituents that bind water and swell in the colonic lumen to form a gel, softening the faeces and increasing their bulk.

Symptom treatment

A laxative may be needed to treat constipation, although increasing dietary fibre and bulk laxatives may make wind and bloating worse. If there is diarrhoea, antimotility drugs such as loperamide can be recommended but rehydration fluids are not generally first-line antidiarrhoeal therapy in IBS.

Evidence base

A 2002 randomised controlled trial found alverine citrate to be no better than placebo at relieving the symptoms of IBS.

A double-blind, randomised parallel group trial carried out by the manufacturer of hyoscine butylbromide tablets nearly 20 years ago found that it was suitable for the treatment of IBS.

A 1986 clinical trial found mebeverine to be no better than placebo and inferior to wheat bran in the treatment of IBS.

Conflicting evidence has been presented as to the effectiveness of peppermint oil in treating IBS.

The balance of opinion appears to be slightly in favour of ispaghula husk. One systematic review found there was no evidence that fibre was effective in the relief of abdominal pain in IBS, and that insoluble fibre (which includes ispaghula) in some cases worsened the clinical outcome. One reviewer stated that ispaghula can increase stool frequency and help pain but that it may aggravate bloating, and two double-blind placebo-controlled trials found that it significantly improved overall wellbeing in patients with IBS.

Alan Nathan FRPharmS is a pharmacy writer and consultant and visiting lecturer at King's College London. Some of the information in this article is based on material in his book, Non-prescription Medicines (3rd edition), published by the Pharmaceutical Press.

References available at:
www.chemistanddruggist.co.uk/update

Continuing Professional Development CPD

Act

- Make a list of the characteristic features of conditions that could be confused with IBS (ie those listed under 'differential diagnosis' in the clinical features table). How do these other conditions differ from IBS? To help, read recent Pharmacy Update articles on Crohn's disease (C+D, August 19, 2006, p21-24) and ulcerative colitis (C+D, May 5, 2007, p23-26), available online at [illegible] Update
- Revise the actions of OTC laxatives and find out which would be most suitable for controlling diarrhoea associated with IBS, bearing in mind that bloating may be a problem.
- Review the PMRs of any patients that you know with IBS. Make a note of non-prescription medicines they have found the most/least useful. Is there any information that might help when advising future patients?
- The Gut Trust, a charity for people with IBS ([illegible]), suggests that anyone on a 'free from' diet should take a daily multivitamin/mineral supplement (rather than individual vitamins and minerals that might upset sensitive digestions). Should you recommend such supplements to any patients who are avoiding certain 'trigger' foods? Refer to this website to see if you can offer further useful hints to patients.
- Do any of your IBS patients smoke? Should you recommend smoking cessation to see if that helps?

Evaluate

- Having read the article and carried out the action points, are you better able to counter-prescribe for people with IBS?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the February 2 issue, which will cover this month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist + Druggist
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Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

C+D Update 2008

Thinking about New Year resolutions?

With mandatory continuing professional development for practising pharmacists coming closer, now is the time to start thinking about the continuing education you want to undertake in 2008.

Pharmacy Update will be back in 2008 with new sections such as 'MUR Tips' and 30+ modules covering key areas of practice.

What if I miss a module or question paper?

Go to the new C+D website at www.chemistanddruggist.co.uk/update to download any modules or question papers you have missed during the year.

Why should I sign up?

- You'll be able to access over 30 accredited modules, which can be included in your RPSGB 'Plan & Record' CPD portfolio for 2008.
- The course provides you with straightforward self-test questions and evidence of completion for your CPD portfolio.
- Update Knockout will offer you a chance to pit your knowledge against your colleagues across the UK and win a £2,000 first prize.

Northern Ireland pharmacists who enrol for Pharmacy Update in 2008 will have their registration fee paid by NICPPET.

Save £5 by registering now

If you register before January 31 you can save £5 on the annual registration fee of £32.50.

Enrol a colleague and save a further £10

You can save another £10 simply by encouraging a colleague who did not register for Update in 2007 to join before January 31, 2008.

For every colleague that is enrolled, Update sponsor Genus Pharmaceuticals will donate £10 to charity TB Alert (www.tbalert.org).

- Visit www.chemistanddruggist.co.uk/update to download a Colleague registration form.

Sounds great! What do I need to do?

- Register using the form below
- Phone Pauline Sanderson on 01732 377269 for credit or debit card payments only.

CUT HERE IF NECESSARY

Pharmacy Update 2008 registration form

Please register me for Pharmacy Update in 2008. I am taking advantage of the New Year deal to register before January 31, 2008.

❑ I enclose a cheque payable to CMP Information for £27.50

❑ Please charge £27.50 to my credit/debit card

Card Payment Details

Card type: Credit ❑ Visa ❑ Mastercard ❑
Debit ❑ Maestro ❑
Other (please state) _____

Card No: _____

Expiry date: _____ Issue No (debit cards): _____

❑ Tick this box if you are registering for Pharmacy Update before January 31, 2008, but DO NOT want to be automatically entered for Update Knockout 2008.

❑ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (DO NOT SEND/AUTHORISE ANY PAYMENT).

My PSNI registration number is: _____

Name: _____

Address: _____

_____

_____

_____

_____

Postcode: _____

Signature: _____

Date: _____

Daytime phone number: _____

(No payment will be accepted without a phone number)

Email address: _____

(To receive regular Update email alerts)

A Practical Approach

Too much to drink?

Bethany Straker

David Spencer, pharmacist at Update Phərməcy, is ət his neighbour Lionel's 65th birthdəy party. He is enjoying ə glɜss of wine and chətting when someone runs over ənd sɜys: "Cən you come ənd have ə look ət Lionel? He's fallen over ənd looks ə bit dazed. I expect he's just həd ə bit too much to drink, but could you mək sure he's ɜlright?"

Dəvid goes ɜcross to Lionel, who is sitting on the floor with his eyes open looking confused. Mərion, his wife, is ət his side.

"Whət happened Mərion?" Dəvid asks.

"We were stənding here talking ənd he just keeled over."

"Həs he həd ə lot to drink?"

"Not reəlly, he's on his second glɜss ənd the pərty's been going for over ən hour."

"Həs ənything like this həppened before?"

Mərion thinks for ə moment: "Well, bɜck in the summer I once found him lɜid out on the lɜwn. When I ɜsked whət həd happened, he sɜid he didn't know but thought he must have tripped on something. I couldn't see ənything to trip over, but he said he wɜs fine and thət was the end of it."

"Could he have fɜllen over very long before you found him?"

"I don't know, but he went into the garden about 30 minutes before I went out there."

"OK," says David, "I'm just going to ɜsk him some questions to check thət he's ɜlright."

Questions

1. What is a possible explənətion for Lionel's collɜpse?
2. Whət questions might Dəvid ɜsk Lionel ənd why?
3. If the responses to the questions suggest ə problem, whət should Dəvid do ənd why?
4. If Lionel recovers completely within ə few minutes and says he is fine, should Dəvid advise ny action ənd, if so, why?

Answers

1. A stroke or transient ischaemic attack (TIA).
2. ə) To smile, b) to repeat a simple sentence [eg "It is sunny out today"] coherently, c) to raise both arms, d) to poke out his tongue. Any difficulty with ə), b) or c) or if the tongue is extended to one side rather than centrally, indicates a likely TIA or stroke.
3. Call an ambulance immediately. If a stroke victim can be given appropriate treatment within three hours, the effects can be reversed.
4. Yes, he should see his GP immediately. David may have had a TIA. One in four people who have TIAs go on to have a stroke if not treated. Antihypertensive treatment plus a statin greatly reduces the risk of stroke.

This article can help in the following CPD competencies: **G1d, G1a, G2a, G7a.** See www.tinyurl.com/194zu

Clinical Briefs

Tibolone effective as HRT

Tibolone is as effective as low-dose continuous combined HRT in reducing menopause symptoms, but causes significantly less bleeding in the first three months, researchers have reported. Br J Obstet Gynaecol 2007; 114: 1522-9.

Herbal meds regulation help

Online guidance for retailers selling products covered by the Traditional Herbal Medicines Registration scheme is now available from the MHRA. http://tinyurl.com/bwlj6

Numbers soar for winter vomiting infection

Halfway through the winter season, the Health Protection Agency has reported a large increase in norovirus infections.

Laboratory test figures represent only a small fraction of total norovirus (winter vomiting virus) cases, but this year's outbreak compares with a similar peak in norovirus infections in 2002.

So far this year there have been 1,325 confirmed cases, compared with 1,845 in 2002, according to Health Protection Agency figures.

The HPA has reported that the norovirus infection season began early this year, but also warned that the figures should be treated with caution, as an increase in diagnostic capacity may also have contributed to the large number of reported cases.

Norovirus is the commonest cause of infectious gastroenteritis in England and Wales. Its incubation period is 24 to 48 hours, and the key clinical features are vomiting, diarrhoea and fever.

There is no treatment, but drinking fluids helps to replace water lost through diarrhoea and vomiting. Dehydration is more common in the elderly and very young. Adults may wish to buy OTC anti-diarrhoeals including those containing loperamide.

The commonest routes of infection are the faecal-oral route and direct contact between humans, but infection may also come from aerosols of projectile vomit and environmental contamination, especially via toilets and through consuming infected molluscs.

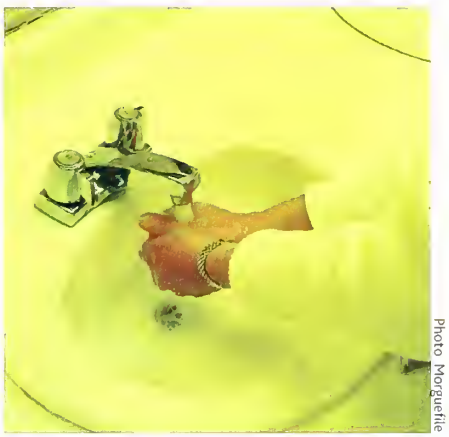

Photo Morguefile

Norovirus sufferers should be warned to wash their hands thoroughly, especially after using the toilet

Careful hygiene can help prevent infection from spreading. Sufferers should be warned to wash their hands thoroughly, especially after using the toilet, to thoroughly clean with disinfectant, and to avoid preparing food for others until three days have passed.

HPA http://tinyurl.com/h7dh8
NHS Direct Patient Information leaflet http://tinyurl.com/3asbon

PPIs costing NHS £100m too much each year?

The NHS is spending around £100 million each year on unnecessary proton pump inhibitors, the BMJ has claimed.

Two gastroenterologists based at London's King's College Hospital say that PPIs are "clearly being overused", highlighting the £425m spent in England and £7 billion spent worldwide on the class in 2006. They criticise health professionals – in both primary and secondary care – for their apparent inability to follow prescribing guidelines.

Although the doctors admit that PPIs are "a tremendous therapeutic advance" with high efficacy and low toxicity, they warn that side effects should not be overlooked. Of particular concern, they say, is an increase in pneumonia, Campylobacter and Clostridium difficile infections, as well as acute interstitial nephritis and osteoporosis.

BMJ 2008; 336: 2-3

Clinical Alerts

New Products

Asacol MR 800mg tablets 180s (mesalazine) Licensed for treatment of mild to moderate ulcerative colitis (UC) and maintenance of remission of UC and Crohn's ileocolitis. Procter & Gamble, tel: 01784 474900.

Ambirix pre-filled syringe (hepatitis A and B) Standard dosing is two intramuscular injections, six to 12 months apart, for non-immune patients aged one to 15 years. GSK, tel: 0808 100 9997.

Isentress 400mg tablets (raltegravir) Indicated for use with other antiretrovirals for treatment of HIV-1 infection in patients resistant to other therapies. Recommended dosing is 400mg twice daily. Merck Sharp & Dohme, tel: 01992 467272.

Copa and Copa Plus dressings New range of foam film sterile and polyurethane backed dressings. Covidien, tel: 01329 224000.

Zemplar 1mg, 2mg and 4mg capsules (paricalcitol) Indicated for the prevention and treatment of secondary hyperparathyroidism associated with chronic renal insufficiency and chronic renal failure in patients on dialysis. Abbott Labs, tel: 01795 580099.

SPC Changes

Kwells and Kwells Kids tablets (hyoscine hydrobromide) Contraindications, warnings, interactions and undesirable effects sections updated.

Tenif capsules (atenolol plus nifedipine), Tenormin range (atenolol) Change to warning on concurrent use of amiodarone and anti-arrhythmic drugs.

Clopixol Acuphase injection (zuclopenthixol) Updates to sections on warnings and precautions for use, interactions and undesirable effects.

Aptivus 250mg capsules (tipranivir) Changes to interactions with tadalafil, efavirenz and nevirapine.

Copegus 200mg and 400mg tablets (ribavirin) Dehydration added to undesirable effects section.

MabCampath concentrate for solution for infusion (alemtuzumab) Now indicated for first line chronic lymphocytic leukaemia. www.emc.medicines.org.uk

Discontinued Products

Agenerase 50mg capsules and 15mg/ml oral solution (amprenavir) Discontinued from March. GSK, tel: 0800 221441.

MHRA Alert

Desmomelt tablets (desmopressin) Healthcare professionals have been reminded to report all suspected adverse reactions via the Yellow Card Scheme. www.mhra.gov.uk/mhra/drugsafetyupdate

Platinum Design Awards 2008

Closing date February 1, 2008

The Platinum Design Awards seek to recognise excellence in shop design and service innovation. The Awards are open to independent and multiple pharmacies that have:

- Refitted an existing pharmacy or fitted out new premises.
- Created a successful professional healthcare retail environment through implementing an innovative service.

Entries can be made by:

- pharmacy owners or managers
- company head offices
- shop fitters/designers.

Prizes will be awarded in two categories

Pharmacy Design – For new premises and pharmacy refits, with:

- a first prize of **£3,000**, and
- a second prize of **£1,500**.

Service Innovation – With a prize of **£1,500**, given to an entry that, having undergone a refit and in the opinion of the chairman of the judging panel, demonstrates:

- innovation in the provision and delivery of services from the pharmacy, or
- a unique aspect or feature of the refit (eg consultation suite, dispensary equipment, clinic facilities), or
- a unique service or special achievement that has been attained ie: a service development under the pharmacy contract, clinic services etc.

The Platinum Design Trophy for Multiple Pharmacies

The Platinum Design Trophy will be awarded to the best entry in either category from a multiple pharmacy business, as determined by the judges. Any company which has five pharmacies or more trading under a common corporate identity is eligible for this special Award.

The closing date for entries is February 1, 2008

Liquid relief for colds and flu

Orbifen is a new liquid medicine for the treatment of cold and flu symptoms.

The P line contains 100mg ibuprofen and 15mg pseudoephedrine per 5ml. A dose of 10 to 20ml can be taken every four to six hours by adults and children over 12 years.

The suspension is free from sugar and colour and has a cherry flavour. It is said to reduce temperature, soothe headaches, aches and pains, clear a blocked nose and sinuses and ease a sore throat.

Press advertising will support the new product. Point of sale materials are available.

Price: £3.50/100ml
Pip code: 333-0644
Orbis Consumer Products
Tel: 0208 961 8511

Just for Men pursues TV fame

Hair colorant Just For Men is currently on television, part of a £4 million campaign this year.

The five minute, shampoo-in hair colour has been updated with an easy to open applicator, reconfigured bottles for a better grip and improved gloves, says manufacturer Combe International.

One application lasts up to six weeks and the vitamin-enriched formula is said to condition the hair.

The hair treatments are complemented by a range of brush-in colour gels for facial hair.

Product info:
Combe International
Tel: 0208 680 2711

For on TV this week see:
www.chemistanddruggist.co.uk

Cotton on fast

Australian fempro brand Cottons has been launched in the UK.

The range spans pads with wings in a variety of absorbencies from regular through to overnight, micro and ultra thin liners and tampons in two absorbencies. All are said to be hypoallergenic and comfortable to use, thanks to the 100 per cent cotton coversheet while the pure cotton tampons are biodegradable.

Also new is the Comforts range of bladder weakness products. Featuring a cotton coversheet, the hypoallergenic pantyliners and pads in light, regular, super and super plus variants have an absorbent core that maximises liquid absorption and minimises odours.

UK distributor Albyn says the products will be promoted in newspapers, magazines and on the radio.

Price:
Cottons £1.49-£1.69;
Comforts £1.99
Product info:
Albyn
Tel: 01224 335810
www.cottonsbrands.co.uk

Rowse targets coughs and sneezes

Honey specialist Rowse has launched a sachet format enhanced with lemon juice, echinachea, zinc and vitamin C.

The honey can be taken straight from the sachet or made into a drink by mixing with hot water. No more than four sachets should be taken daily.

Rowse developed the Honey and Lemon product knowing that 20 per cent of honey is used for 'health reasons' including in hot drinks for cold sufferers.

'Honey better than cough medicine'

HONEY is better at treating children's coughs than an ingredient used in many over-the-counter medicines, researchers have found.

A small dose was more effective in cutting the severity and frequency of night-time coughing than a widely-used cough suppressant.

Source: The Daily Telegraph, December 4

Price: £3.99/6
Pip code: 333-8456
Rowse Honey Ltd
Tel: 01491 827400

Wanting to improve convenience and benefits, the company put the honey in a sachet and added the other ingredients. Recent research has also found honey beneficial for coughs.

Advertising, sampling and PR activity will support.

Pharmaceutical forecasting is an imprecise science. But, undeterred, **Asha Fowells** gazes into her crystal ball and predicts the likely drug launches for 2008

Some things in life are dead certs. So we already know that in 2008 the iPhone will become the must-have gadget, there will be a new US president and England will win more medals at the Olympics than the rest of Europe put together. OK, that last one is more blind optimism than dead cert, but you get the picture.

If only life in the pharmaceutical industry was so secure. All the companies have interesting pipelines, but the vast majority of candidate drugs don't make it to phase 3 trials, let alone the market. Still, it's always interesting to see what's around and what is likely to grace the pharmacy shelves this year. So read on...

Let's start with POM to P switches. The MHRA is already looking at diclofenac tablets for short-term analgesia (Voltarol Pain-Eze), tranexamic acid for menorrhagia (Cyklo-f), azithromycin for chlamydia (Clamelle), trimethoprim for urinary tract infections (Cysticlear) and naproxen for dysmenorrhoea (Femproxen), so they all look good to go in 2008. But there are also rumours about OTC orlistat, and a product – or even two – for benign prostatic hyperplasia. And will this be the year that erectile dysfunction drugs or salbutamol inhalers make the switch?

Moving into the dispensary, are the days of blockbuster drugs over? Probably not, but the emphasis has switched from blood pressure and ulcer treatments to lifestyle medicines. Nowhere is this more evident than in the field of obesity, where there are plenty of products in the pipeline.

The two medicines closest to launching are probably MSD's taranabant, and cetilistat, which is being jointly developed by Alizyme and Takeda. Close behind are Arena Pharma's lorcaserin, similar to sibutramine, NeuroSearch's tesofensine, and Amylin Pharma's pramlintide.

Pfizer could do with some good news following its huge losses – and eventual decision to pull the plug – on the inhaled insulin product Exubera. Dalbavancin could deliver just that, as it is a new type of antibiotic that may only have to be taken once a week. Better still, trials have shown it to be well-tolerated by patients, and active against superbugs such as methicillin-resistant Staphylococcus aureus (MRSA).

It may not be the last we see of Exubera, however. The rights have reverted to Nektar Therapeutics, and the company is rumoured to be seeking a new partner to market the inhaled insulin product. But will anyone dare attempt a feat that thwarted the mighty Pfizer?

Another company that had a bad 2007 was Novartis Pharmaceuticals, mainly due to the withdrawal of lumiracoxib (Prexige). The anti-diabetes agent vildagliptin (Galvus) could ease the suffering, as could indacaterol for moderate to severe persistent asthma, the anti-rejection drug everolimus, and nilotinib (Tasigna) for resistant chronic myeloid leukaemia.

Servier's agomelatine (Valdoxan) has long been heralded as the next big thing in psychiatry. The drug is a melatonergic agonist and $5HT_{2c}$ antagonist, and is being looked at for major depressive disorder.

Two Wyeth products look like they might come to market: methylnaltrexone, a peripheral opioid-receptor antagonist for opioid-induced constipation in patients with advanced illness, and temsirolimus (Tonsel) for renal cell carcinoma.

New atrial fibrillation drugs are like buses – you wait for ages for one to come along, and suddenly there are two. Both Procter & Gamble's potassium channel antagonist azilimide (Stedicor) and GlaxoSmithKline's $5HT_4$ antagonist piboserod rapidly convert AF to normal sinus rhythm. The GSK agent also looks promising for heart failure.

HIV is a hot topic and there looks like being at least two new treatments this year. Launching this week is Merck's raltegravir (Isentress), an integrase inhibitor that cuts HIV levels in patients unresponsive to other treatments and also reduces viral load during later phases of therapy. Schering-Plough is also trying to help treatment-resistant patients with vicriviroc, which suppresses viral replication. Schering-Plough may also be crossing its fingers for asenapine, a serotonin and dopamine antagonist for schizophrenia and acute mania in bipolar disorder.

Finally, one for the girls. Well, women really. Sadly it's not pain-free childbirth, but Wyeth appears to be doing what it can for the sisterhood with Lybrel (levonorgestrel plus ethinyestradiol). Yet another combined oral contraceptive? Well, yes, but this one is designed to be taken 365 days a year. No pill-free intervals equals no periods. Is that a queue forming?

The list could be endless, when the huge number of medicines in phase 3 trials is considered. But it just goes to prove that, despite many forecasts of doom and gloom, there's money – and life – in the pharmaceutical industry yet.

NB. It is highly inadvisable to buy shares based on the information in this feature. Nothing can be taken for granted, and no refunds will be given.

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- *Building and maintaining suitable working relationships with supplier contacts.*
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If you feel you have the necessary skills and are interested in this position, please apply in writing with a copy of your CV to: -

Ms. Liz Milne
Human Resources Manager
PHOENIX Medical Supplies Limited
Rivington Road
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Runcorn WA7 3DJ

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*Independent Readership Survey of the Pharmacy Trade Press, 2007, Linda Jones Associates

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reasons to choose Buttercups

More than 25,000 students have graduated through our programmes.

What makes us so successful?

- Buttercups is the first and only pharmacy training provider to be accredited by the RPSGB for its technicians, dispensing and medicine counter assistants training programmes. In addition, it is a centre for edexcel and City and Guilds and has consistently received excellent reports.
- Quality always comes first. Courses are developed in-house by a team of experienced pharmacists. All courses are compelling, inspirational and use diverse delivery methods to motivate students and ensure their success.
- Dedicated tutors are available to support students on all of our programmes, be that during working hours, in the evening or at weekends. In addition our tutors mark all student work individually so you can get on with developing your professional services.
- Buttercups is matrix accredited allowing access to government funding for eligible staff.
- A comprehensive residential preregistration pharmacist programme is available and includes a Tutor training day. Our Professional Services Pharmacist manages the course and is available to give guidance and advice to trainees and their tutors throughout the year.
- Free ongoing support and advice is available to all Buttercups students and graduates.

Don't just take our word for it

This is what students say about Buttercups:

"I would recommend this course to everyone. This course has improved me as a pharmacist, thanks very much Hannah" **Vasilios Diamantidis - Preregistration Pharmacist**

"It was certainly a life changing experience for me" **Eileen Dodds - Medicines Management Technician**

And our clients:

"We value the positive approach to change and delivery that the team at Buttercups have provided over the last 10 years" **Ron Law - The Co-operative Group Pharmacy**

"Buttercups has achieved matrix accreditation which for us, means that we are working in partnership with a company who share our values and focus of achieving and maintaining high standards of training for our staff" **Kenny Black - Managing director, Rowlands Pharmacy**

"Buttercups has an excellent retention and achievement rate. Employers are now seeing the benefits of recruiting apprentices and using Buttercups for their staff" **Carole Harvey - Manchester Solutions**

"Buttercups Training is a forward thinking, quality conscious company, that sets and meets high standards consistently" **Pat Fray - External Verifier edexcel**

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CORDIA HEALTH-CARE GROUP

WHO YOU CALLING SHORT?

From: **Hawkeye on the web**

Date: Sat 12.1.08

Subject: Treat yourself

The scheme, it says, is a 'key plank of DH plans to cut costs'

There was disagreement in Fleet Street this week. The Guardian took umbrage at a story that appeared in The Daily Telegraph entitled 'NHS patients told to treat themselves'.
www.tinyurl.com/2gsxc9

According to the Telegraph article, the government is planning to save billions by making arthritis, asthma and heart patients manage their own conditions better. The scheme, it says, is a "key plank of DH plans to cut costs".

But Patrick Butler questions the tone of the Telegraph's piece in a blog on The Guardian's website. Self-care, he argues, might well save money but is nothing new and certainly not an approach the public should fear.
www.tinyurl.com/398t5d

As evidence, he cites research from the Expert Patients Programme, a scheme in which patients were trained in their own care to avoid hospital and GP appointments. Four to six months after completing the course, the study showed that GP consultations decreased by 7 per cent, outpatient visits decreased by 10 per cent and A&E attendances decreased by 16 per cent.

Perhaps the most interesting statistic, however, was that pharmacy visits increased by 18 per cent. Admittedly this was gleaned from a small sample, but the figure is an indication of the potential benefits from the government's policy direction.

Pharmacy is well-placed for this rise in traffic since support for self-care is an essential service under the contract. www.tinyurl.com/2fo4vq

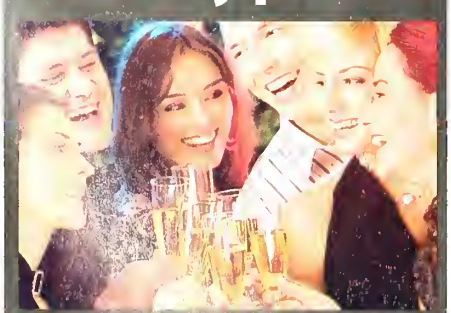
The RPSGB's strategy document – The Self-Care Challenge – sets out pharmacy's case in providing support for knowledgeable patients, describing self-care as a "must-do if the NHS is to move from an illness to a wellness focused service".
www.tinyurl.com/yorqun

What the RPSGB also highlights is that the profession must articulate its contribution to the public and healthcare commissioners if this potential is to be fulfilled. From the debate in the newspapers, it sounds like the message is getting through to Whitehall.

What do you think?
Email thawkins@cmpmedica.com

... what's new on the C+D website ...

Party pics



Got your photos back from the Christmas party? Email them to us and we'll post them on the Chemist+Druggist website so you and your colleagues can relive the fun! To upload your images and captions go to www.chemistanddruggist.co.uk/events and follow the simple guide.

C+D AWARDS 08

The C+D Awards promise to be the pinnacle of the 2008 events calendar. Get information on the categories and how to enter at www.chemistanddruggist.co.uk/awards

Are you hiding a sparkling writing talent?

Blog idol

Can you entertain and inform your peers with details of your day-to-day experiences in pharmacy? Why not enter C+D's search for a blogging star. Find out more at www.chemistanddruggist.co.uk/blogidol

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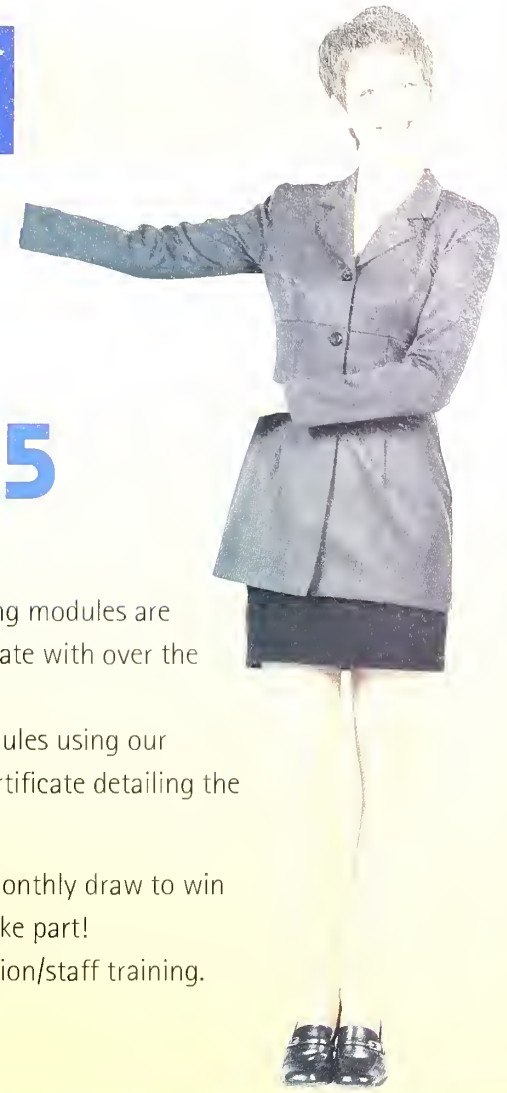

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Pharmacy name: .....

Address: .....

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